MAYVILLE NURSING/REHABILITATION CENTER

305 SOUTH CLARK

MAYVILLE 53050 Phone: (920) 387-0354 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 102 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ						
Home Health Care	No	 Primary Diagnosis	%	 Age Groups	%	Less Than 1 Year	41.7		
Supp. Home Care-Personal Care	No					1 - 4 Years	43.8		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	14.6		
Day Services	No	Mental Illness (Org./Psy)	36.5	65 - 74	6.3				
Respite Care	Yes	Mental Illness (Other)	8.3	75 - 84	34.4		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.0	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.3	Full-Time Equivalent			
Congregate Meals No		Cancer	2.1			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	24.0	65 & Over	100.0				
Transportation	No	Cerebrovascular	8.3			RNs	5.1		
Referral Service	No	Diabetes	3.1	Sex	%	LPNs	14.8		
Other Services	No	Respiratory	3.1			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	14.6	Male	27.1	Aides, & Orderlies	36.9		
Mentally Ill	No			Female	72.9				
Provide Day Programming for			100.0						
Developmentally Disabled	No			1	100.0				
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Method of Reimbursement

		edicare			edicaid			Other			Private Pay			amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	248	57	96.6	103	0	0.0	0	22	95.7	150	0	0.0	0	0	0.0	0	93	96.9
Intermediate				2	3.4	88	0	0.0	0	1	4.3	128	0	0.0	0	0	0.0	0	3	3.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		59	100.0		0	0.0		23	100.0		0	0.0		0	0.0		96	100.0

MAYVILLE NURSING/REHABILITATION CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	양	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.9	Bathing	0.0		93.8	6.3	96
Other Nursing Homes	3.1	Dressing	18.8		75.0	6.3	96
Acute Care Hospitals	85.7		28.1			14.6	96
Psych. HospMR/DD Facilities	0.0		25.0			13.5	96
Rehabilitation Hospitals	0.0	Eating	67.7		26.0	6.3	96
Other Locations	2.5	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	********	******
Total Number of Admissions	161	Continence		용	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	3.1	Receiving R	espiratory Care	0.0
Private Home/No Home Health	25.2	Occ/Freq. Incontinen	t of Bladder	74.0	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	12.9	Occ/Freq. Incontinen	t of Bowel	24.0	Receiving S	uctioning	0.0
Other Nursing Homes	0.6				Receiving O	stomy Care	3.1
Acute Care Hospitals	31.0	Mobility			Receiving T	ube Feeding	1.0
Psych. HospMR/DD Facilities	0.6	Physically Restraine	d	0.0	Receiving M	echanically Altered Diets	43.8
Rehabilitation Hospitals	0.0						
Other Locations	2.6	Skin Care			Other Residen	t Characteristics	
Deaths	27.1	With Pressure Sores		4.2	Have Advance	e Directives	88.5
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	155				Receiving P	sychoactive Drugs	46.9

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:		Size:		ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	90	%	Ratio	ଚ	Ratio	olo	Ratio	olo	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.1	85.1	1.13	85.5	1.12	86.7	1.11	85.1	1.13
Current Residents from In-County	79.2	75.4	1.05	78.5	1.01	69.3	1.14	76.6	1.03
Admissions from In-County, Still Residing	19.9	20.1	0.99	24.7	0.81	22.5	0.89	20.3	0.98
Admissions/Average Daily Census	164.3	138.3	1.19	114.6	1.43	102.9	1.60	133.4	1.23
Discharges/Average Daily Census	158.2	139.7	1.13	114.9	1.38	105.2	1.50	135.3	1.17
Discharges To Private Residence/Average Daily Cens	us 60.2	57.6	1.04	47.9	1.26	40.9	1.47	56.6	1.06
Residents Receiving Skilled Care	96.9	94.3	1.03	94.9	1.02	91.6	1.06	86.3	1.12
Residents Aged 65 and Older	100	95.0	1.05	94.1	1.06	93.6	1.07	87.7	1.14
Title 19 (Medicaid) Funded Residents	61.5	64.9	0.95	66.1	0.93	69.0	0.89	67.5	0.91
Private Pay Funded Residents	24.0	20.4	1.17	21.5	1.12	21.2	1.13	21.0	1.14
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	44.8	30.3	1.48	36.8	1.22	37.8	1.18	33.3	1.34
General Medical Service Residents	14.6	23.6	0.62	22.8	0.64	22.3	0.65	20.5	0.71
Impaired ADL (Mean)	41.0	48.6	0.84	49.1	0.84	47.5	0.86	49.3	0.83
Psychological Problems	46.9	55.2	0.85	53.4	0.88	56.9	0.82	54.0	0.87
Nursing Care Required (Mean)	6.5	6.6	0.98	6.8	0.95	6.8	0.96	7.2	0.90